MetroPulse
Provider Newsletter

SPRING 2022

CORE BEHAVIORAL HEALTH SERVICES CHANGES

As of February 1, 2022, to improve access to services, NYS is transitioning four BH HCBS to a new service array called Community Oriented Recovery and Empowerment (CORE) Services. These four services include Community Psychiatric Support and Treatment (CPST), Psychosocial Rehabilitation (PSR), Family Support and Training (FST), and Empowerment Services – Peer Support (Peer Support). BH HCBS Short-term and Intensive Crisis Respite services will be transitioned to Crisis Intervention Benefit Crisis Residence services, already available to all adult Medicaid Managed Care enrollees. All other existing BH HCBS will remain available as BH HCBS with previously established requirements, workflows, and processes.

For members who are 21 or older, covered by Medicaid, and enrolled in a Health and Recovery Program (HARP), CORE services may be just right. Additionally, some individuals enrolled in HIV-Special Needs Plans or Medicaid Advantage Plus Plans will be eligible for CORE. CORE services are covered by health insurance, at no cost to our members.

Our providers who may be serving members receiving CORE services are required by the DOH to take specific trainings. Read the CORE training memo here for more information. You can access the CORE Benefit and Billing Guidance here. Please review the links below and register for trainings as soon as possible.

Registration and Helpful Links

To access the required trainings, log in to the CPI Learning Community using your username and password.

For registration assistance or to report technical issues: CPI Online Assistance Unit

For questions about training requirements for CORE Services, please contact your host agency:

- OMH: Adult-BH-HCBS@omh.ny.gov
- OASAS: PICM@oasas.ny.gov

Please visit the Center for Practice Innovations Homepage and FAQs for more information on the Learning Community.

METROPLUSHEALTH OFFERS A LARGE NETWORK OF DOCTORS, HOSPITALS, AND URGENT CARE CENTERS.

With more than 34,000 top providers and sites, members can find many offices right near them, along with local family care sites and over 100 urgent care sites like CityMD, Northwell-GoHealth Urgent Care, and more. Our network consists of over 40 hospitals, including NYC Health+Hospitals, NYU Langone, Mount Sinai, and Montefiore.

WELL CHILD VISIT RECOMMENDATIONS: 30 MONTHS

In the early months of a child's life, they should be seen regularly by their provider. For Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year should have six or more well-child visits and Well-Child Visits for Ages 15 Months–30 Months. Children who turned 30 months old during the measurement year should have two or more well-child visits.

Telemedicine and virtual care have quickly become important tools in caring for your patients. Providers now have the option of delivering care to their patients by using a phone, smartphone, or laptop with a shared link to enable video. Remember to use the appropriate billing code when billing for these visit types!

TELEPHONIC VISITS	
Billing codes-CPT	Detail
99441	5-10 minutes of medical discussion
99442	11-20 minutes of medical discussion
99443	21-30 minutes of medical discussion

At this early age, it is especially crucial to follow best practices for documentation of their visits. The child's medical record should include:

• Health history- history of disease or illness; including past illness, surgery or hospitalization, and family health history

• Physical development history- physical developmental milestones and progress with developing skills needed to become a healthy child

• Mental development history- assessment of mental developmental milestones and progress toward developing the skills needed to become a healthy child

• Physical exam- comprehensive head to toe exam with vital signs and assessment of at least 3 body systems

• Anticipatory guidance/health education- information given to parents or guardians to educate them on emerging issues, expectations and things to watch for at the child's age.

Tips and Recommendations:

• Make every visit count! Preventive services may be provided on sick visits as well, if coded correctly.

• Use templates that allow you to check off the completion of standard counseling activities.

• Use the correct diagnosis and procedure codes. Information about HEDIS codes can be found on the MetroPlusHealth website here.

HELP PATIENTS STOP VAPING

Tobacco use in any form, including vaping, is unsafe. Vaping has grown in popularity over the last few years, especially among the youth. It is more important than ever to work with your patients who want to stop using tobacco products, especially if a patient has additional health issues or is pregnant or breastfeeding.

At every appointment, providers should ask patients if they use tobacco, including vaping. If they do, they should always be advised to quit, and offered appropriate support (counseling, medication, or additional information as needed). It often takes patients many attempts to successfully quit, but that should not be discouraging to providers or patients, as other methods can be tried.

The Nicotine Dependence Clinic has created a Vaping Cessation Guidance Resource (available online here) with tips and information about how to approach this process with a patient. It also includes information about both medication and therapy strategies that could work with your patients.

CLOZAPINE

MetroPlusHealth is participating in a NY State Office of Mental Health (SOMH) Performance Opportunity Project (POP), that aims to increase the utilization of clozapine to treat clinically appropriate patients diagnosed with schizophrenia who are high utilizers of inpatient and/or emergency services for psychiatric conditions.

Clozapine is a second-generation oral antipsychotic medicine used to treat schizophrenia in patients whose symptoms are not adequately controlled with standard antipsychotic drugs. While it has been demonstrated to be highly effective in treating individuals with treatment resistant schizophrenia, it can cause serious side effects which necessitate close monitoring and collaboration with behavioral health and medical providers.

LONG-ACTING INJECTABLES

Long-Acting Injectables (LAIs) can be used in non-adherent patients who have experienced multiple episodes of psychosis to ensure accurate dosing and compliance. LAIs are generally administered by injection at two to four-week intervals. Current guidelines generally recommend LAI antipsychotics for the maintenance treatment of schizophrenia among other available treatment options and/ or when it is necessary to improve adherence to medication.

Studies have shown that utilization of LAIs improves medication adherence and patient functioning as well as enhancing member tenure in the community and helping to prevent hospitalizations.

BMI: CHILDREN AND ADOLESCENTS

Body Mass Index (BMI) is an easy and inexpensive way to screen patients' weight to determine indicators of potential health issues. Obesity during childhood can cause long-term health problems, from high blood pressure, diabetes, sleep issues, and joint pain to psychological problems and low self-esteem.

The American Academy of Pediatrics recommends using BMI to screen children beginning at 2 years old, and children should be checked at least once a year. Tracking the changes in the patient's BMI over time can help providers determine if a child is maintaining a healthy weight. Since children are still growing, one measurement is not enough to determine their long-term weight status.

It is important to encourage healthy behavior in children and teens and enlist their parent or guardian's assistance in this process. This includes eating healthy and staying hydrated, encouraging physical activity, limiting screen time, and getting the right amount of sleep. Starting healthy habits in childhood can set patients up for lifelong success.

For more information, see the CDC's website here.

MEDICATION ASSISTED TREATMENT

Medication Assisted Treatment (MAT) provides members with the treatment they need to stay clean and sober. MAT is the use of medication, in combination with counseling, to treat substance use disorders. Patients on MAT are more likely to remain in the community, and it can help them maintain their recovery.

As of October 2021, there has been a formulary update for MetroPlusHealth's Medicaid, PIC, and HARP members. This update provides opioid substance use disorder medication, per the NYS Department of Health Single Statewide Medication Assisted Treatment Formulary. You can view that information, including a list of medications, online here.

Starting on March 22, 2022, prior authorization is not required for medications used for the treatment of substance use disorder prescribed according to generally accepted nationally recognized guidelines for the treatment of a substance use disorder. Prescriptions written outside of accepted guidelines may be subject to prior authorization.

Prescriptions for a brand name multi-source drug will be filled with a generic equivalent, as required by New York State Social Services and Education Law, unless the Prescriber indicates "Dispense as Written (DAW)", and "Brand Medically Necessary" on the prescription. The Prescriber must also make a notation in the Medicaid member's medical record that the drug is "brand medically necessary," and the reason that a brand name multi-source drug is required.

For more information, click here.

DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT (DSMES)

Diabetes Self-Management Education and Support (or DSMES), provides an evidence-based foundation to empower people with diabetes to navigate self-management decisions and activities. DSMES is proven to improve health outcomes and behavior among people with diabetes.

The CDC has created a toolkit with resources and information that can be used to help ensure that all people with diabetes receive the support they need. You can click here to access the toolkit. The American Diabetes Association has also created a directory of recognized educational programs. The directory can be viewed here, and sorted by zip code to determine what is local to patients.

NYC Health + Hospitals' Diabetes Center of Excellence is notable for its diabetes self-management education program and has been awarded accreditation four times by the American Diabetes Association* (ADA). The American Diabetes Association recognizes Health + Hospitals' education service as meeting the high National Standards for diabetes self-management. You can click here to find more information, and click here to find a Health + Hospitals Diabetes Care Provider to refer your patients for ways to improve diabetes self-management.

IMPROVING AND MAINTAINING PHYSICAL AND MENTAL HEALTH IN OLDER ADULTS

Older adults are a rapidly growing age group, with some of the most complex health care needs. Maintaining physical and mental health both play a role in the overall health of older patients. Physical and Mental Health are interconnected, and most older adults struggling with their emotional wellness are also likely to have physical health symptoms and vice versa.

Physical Health Component Scores (PCS) and Mental Health Component Scores (MCS) are two important measures in Health Outcomes Survey (HOS), which are included in the Medicare STAR Ratings. These are ranked based on members' reported responses on their physical functioning, role limitations due to physical problems (role physical), bodily pain, general health, vitality, role limitations due to emotional problems (role-emotional), social functioning, and mental health.

Often, patients may not discuss topics out of embarrassment, discomfort or feeling stigmatized. Some sensitive topics such as depression or urinary incontinence are often under-diagnosed, or misdiagnosed, which leads to lack of timely or proper treatments that also contribute to poor health outcomes.

In general, patients may also feel more comfortable reaching out to their primary care doctors instead of specialists like mental health professionals. Therefore, it is important for primary care practices to integrate proper screenings into clinical workflows and providers to encourage these discussions with patients to identify and detect these vulnerable and "at-risk" populations.

There are some important assessments, screenings, services, and discussion topics that should be integrated into care delivery:

1. CARE OF OLDER ADULTS

Functional Status and Instrumental/Activities of Daily Living (IADLs/ADLs):

- Instrumental activities of daily living (IADLs) are things one does every day to take care of self. They are one way to measure how well you can live on your own such as using the phone, managing medicines, managing money. IADLs require more complex planning and thinking.
- Activities of daily living (ADLs) are basic self-care tasks like bathing, getting in and out of chair, cleaning etc.
- Discuss about patient's sleep quality/patterns

Medication Review: Medication review can help identify and minimize potential harmful drug-drug/drug-disease interaction. Also consider the appropriate use of medication, such as minimizing or reducing overuse of high-risk medications.

Medication Adherence: Screen patient's medication management and adherence. Consider following services to help increase member's medication adherence: 90-day supply, mail delivery or Pill-pack services to help presort and deliver medication

Pain Assessments: Pain symptoms and interventions

Urinary Incontinence: Leaking of urine and development of a treatment plan. It is important to initiate the discussion on this topic, as older adults who are experiencing UI symptoms may feel reluctant or embarrassed to bring these issues up to their providers.

Physical Activity: Develop a suitable exercise plan to start, increase or maintain level of exercise.

Fall Risk and Prevention – problems with balance/walking, fear of falling, what to when falls happen and treatment plan (Check for hearing and vision loss)

Advance Care Planning: Advance care planning is the process of discussing and documenting the patient's preferences for medical care if (s)he is unable to speak or express his/her wishes through advance directive forms such as Health Proxy, a Nonhospital Order Not to Resuscitate, Medical Orders for Life Sustaining Treatment (MOLST).

IMPROVING AND MAINTAINING PHYSICAL AND MENTAL HEALTH IN OLDER ADULTS

CONTINUED

2. MENTAL/EMOTIONAL/BEHAVIORAL HEALTH screenings, brief intervention and referral to treatment using instrument tools like PHQ2/9, GAD-7, DAST-10, Smoking & Cessation, Alcohol Drinking etc.

3. SOCIAL DETERMINANTS OF HEALTH (SDOH) AND PATIENT'S SELF-MANAGEMENT

According to U.S. HHS, SDOH are defined as "the conditions in the environments where people are born, live, learn, work, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." SDOH can also be grouped into social, economic, and environmental domains. Often, underlying rooted issues such as SDOH or motivational factors affect patients' daily living and their medical/chronic conditions management. It is therefore essential to rethink delivery of care through the lens of SDOH and patient self-management by screening and connecting patients with social needs to appropriate resources/services, and to provide motivation interviewing and patient empowerment techniques.

Other important/useful tips for screening patients during visits:

- When having a conversation with patients, assess their perception of their General Health Status and Healthy Day Measures through their self-rated responses. These responses can provide key information and help providers better understand patients' overall perspective of their health. After all, a visit in the office only provides a partial snapshot of patient's status.
- Assess their general health status to better understand members' perception of their health using ratings of "Excellent," "Very good," "Good," "Fair," or "Poor". These should be evaluated in recent "months" and recent "one-two weeks"
- Assess comparative health status to better understand member's perception of their health ratings over time with the ratings of "Much better," "Slightly better," "About the same," "Slightly worse," or "Much worse." from a year ago

It's important to talk with your older patients about their physical and mental health at every appointment and be alert for changes.

MEDICARE MODEL OF CARE

PCPs play a key role in the coordination of care for our Medicare Special Needs Plan (SNP) members. This includes managing and arranging specialty care, ancillary services and maintaining patients' continuity of care. Our SNP (MetroPlus Advantage Plan) coordinates members' medical, social and mental health services. This improves their access to such services and enhances their medical and psychosocial care.

A Health Risk Assessment, or HRA, is completed by members upon enrollment. A copy of the completed HRA will be mailed to the PCP to assist in caring for the member. Members are also assigned to a Case Manager, who works with the member and the PCP to develop individual care plans based on the member's assessed needs. PCPs will receive copies of their patient's Health Care Plan, and we welcome your input.

The Case Manager may call you from time to time to collaborate on the Care Plan for your individual patients. Please feel free to contact the Case Manager for assistance and about any issues by calling 1-800-303-9626.

Please review our Model of Care training document, located in our Provider Manual. Click here for Provider Tools and to find more information. If you have any questions, please contact your provider relations representative.

OFFICE WAITING TIME STANDARDS

It's important to remember that excessive office waiting time significantly affects members' overall satisfaction, with both the provider and the health plan. Please follow these standards, which are listed in our MetroPlusHealth provider manual under "Office Waiting Time Standards":

- Waiting room times must not exceed one (1) hour for scheduled appointments. Best practice is to see patients within 15 minutes of arrival. If there is unavoidable delay in seeing the patient they should be told and updated every 10 minutes. Let the patient know they can expect to wait an hour if that is the case. Everybody is busy and waiting an hour with no communication will lead to dissatisfied patients! Consider calling patients before they arrive to let them know you are running behind and reschedule if needed.
- Members who walk in with urgent needs are expected to be seen within one (1) hour.
- Members who walk in with non-urgent "sick" needs are expected to be seen within two hours or must be scheduled for an appointment to be seen within 48 to 72 hours, as clinically indicated.

METROPLUSHEALTH COMPLIANCE HOTLINE

MetroPlusHealth has its own Compliance Hotline, 1-888-245-7247. Call this line to report suspected fraud or abuse, possibly illegal or unethical activities, or any questionable activity. You may choose to give your name, or you may report anonymously.

CHANGES TO YOUR DEMOGRAPHIC INFORMATION

Notify MetroPlusHealth of any changes to your demographic information (address, phone number, etc.) by directly contacting your Provider Service Representative. You should also notify us if you leave your practice or join a new one. Alternatively, changes can be faxed in writing on office letterhead directly to MetroPlusHealth at 212-908-8885, or by calling the Provider Services Call Center at 1-800-303-9626, Monday-Friday, 8am-8pm.

ACCESS AND AVAILABILITY STANDARDS

MetroPlusHealth members must secure appointments within the following time guidelines:

Emergency Care	Immediately upon presentation
Urgent Medical or Behavioral Problem	Within 24 hours of request
Non- Urgent “Sick” Visit	Within 48 to 72 hours of request, or as clinically indicated
Routine Non-Urgent, Preventive or Well Child Care	Within 4 weeks of request
Adult Baseline or Routine Physical	Within 12 weeks of enrollment
Initial PCP Office Visit (Newborns)	Within 2 weeks of hospital discharge
Adult Baseline or Routine Physical for HIV SNP Members	Within 4 weeks of enrollment
Initial Newborn Visit for HIV SNP Members	Within 48 hours of hospital discharge
Initial Family Planning Visit	Within 2 weeks of request
Initial Prenatal Visit 1st Trimester	Within 3 weeks of request
Initial Prenatal Visit 2nd Trimester	Within 2 weeks of request
Initial Prenatal Visit 3rd Trimester	Within 1 week of request
In-Plan Behavioral Health or Substance Abuse Follow-up Visit (Pursuant to Emergency or Hospital Discharge)	Within 5 days of request, or as clinically indicated
In-Plan Non-Urgent Behavioral Health Visit	Within 2 weeks of request
Specialist Referrals (Non-Urgent)	Within 4 to 6 weeks of request
Health Assessments of Ability to Work	Within 10 calendar days of request

Medicaid Managed Care PCPs are required to schedule appointments in accordance with the aforementioned appointment and availability standards. Providers must not require a new patient to complete prerequisites to schedule an appointment, such as a copy of their medical record, a health screening questionnaire, and/or an immunization record. The provider may request additional information from a new member, if the appointment is scheduled at the time of the telephonic request.